

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)

SERIAL NO. 09/937,310
FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		•	•	•
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1						51		
2		1					52		
3		1					53		
4		31					54		
5		10					55		
6		11					56		
7		10					57		
8		11					58		
9		10					59		
10		11					60		
11							61		
12							62		
13							63		
14							64		
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39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	1						TOTAL IND.		
TOTAL DEP.	9	↓	↓	↓	↓	↓	TOTAL DEP.	↓	↓
TOTAL CLAIMS	10						TOTAL CLAIMS		